

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursements/Obligations

(a) Name The Media Fund		2. FEC Identification Number N/A
(b) Address (Number and Street) <input type="checkbox"/> Check if different than previously reported 888 16th Street NW		
(c) City, State and ZIP Code Washington, DC 20006		
(d) Name of Employer or Principal Place of Business N/A		(e) Occupation N/A

3. Is This Statement <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period	09/23/2004	through	09/28/2004
---	--------------------	------------	---------	------------

5. (a) Date of Public Distribution(s) 09/26/2004	(b) Communication Title Ohio Worker
---	--

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.107? Yes No

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name Erik Smith	(b) Occupation President
(b) Address (number and street) 888 16th Street NW	
(c) City, State and ZIP Code Washington, DC 20006	
(d) Name of Employer or Principal Place of Business The Media Fund	

9. Total Donations This Statement 9.00

10. Total Disbursements/Obligations This Statement 459225.55

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Erik Smith

SIGNATURE  DATE 9-29-04

NOTE: Submission of false, inaccurate or incomplete information may subject the person signing the statement to the penalties of 18 U.S.C. 9457b.